Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ A. platys

When tick exposure meets persistent thrombocytopenia



Fast test for the qualitative detection of DNA of *Anaplasma platys* in whole blood of the dog

40 minutes	50 µL EDTA whole blood	Room temperature	12 months
TOTAL ASSAY TIME	SAMPLE	STORAGE	SHELF LIFE (FROM MFG)

Detects DNA directly – more specific than blood smear, where platelet-inclusion findings are frequently false positive

Clinical suspicion:

- Cyclic or recurring thrombocytopenia, sometimes with fever, depression or anorexia
- Pale mucous membranes, petechiae, nasal discharge or lymphadenopathy
- Dogs in warm-climate, kennel or household settings with brown dog tick exposure
- Signs suggesting possible coinfection with *Ehrlichia canis* or *Babesia spp.*
- Persistent or relapsing low platelet counts without an obvious alternative cause

Screening / prevention programs:

- Blood donor screening in endemic areas
- Dogs with recurring or unexplained thrombocytopenia on routine bloodwork
- Kennel and multi-dog household screening where tick control is inconsistent
- Monitoring dogs with prior confirmed infection for recrudescence



FLASH DIAGNOSTICS

FLASH VetID™ A. platys

The Pathogen and Transmission

Anaplasma platys is an intracellular bacterium that infects platelets, causing infectious cyclic thrombocytopenia in dogs. It is most closely associated with the brown dog tick complex, though the precise vector role of different lineages within that complex is still being clarified across regions. Attention has concentrated on warm-climate, kennel-associated settings, including the Mediterranean, Latin America, parts of Asia, and the southwestern United States.

Species-Specific Manifestations

Infection is often subclinical or mild, particularly in reports from the United States, but a clearer clinical syndrome – fever, depression, anorexia, pale mucous membranes, petechiae, nasal discharge, and lymphadenopathy – has been described in several other regions, notably parts of the Mediterranean. The hallmark feature is cyclic thrombocytopenia. Coinfection with *Ehrlichia canis* or *Babesia spp*. is common, which can make it difficult to attribute a severe presentation to *A. platys* alone.

The Diagnostic Value Proposition

Blood smear cytology is prone to false positives for *A. platys*: in one study, platelet inclusions were suspected in about a quarter of smears, but confirmed by qPCR in only about a third of those cases. Rapid or serologic *Anaplasma* assays typically report only genus-level results and can cross-react with *A. phagocytophilum*, so they cannot reliably confirm *A. platys* specifically – direct DNA detection avoids that ambiguity and gives a species-level answer.

+ Positive Result

Confirms *A. platys* DNA. With compatible signs, supports a diagnosis of infectious cyclic thrombocytopenia; begin treatment and monitor platelet counts through the cycle.

– Negative Result

Likelihood of active infection is low. Because thrombocytopenia is cyclic, a dog sampled between cycles may still be infected; resample if suspicion remains, ideally when platelets are low.

Gold-standard confirmation

For complicated, relapsing or discordant cases, or to monitor treatment response, confirm with laboratory quantitative PCR.

Differential diagnostics

Based on geographic relevance, consider testing along with FLASH VetID™ B. gibsoni, FLASH VetID™ B. vogeli, FLASH VetID™ B. canis, and FLASH VetID™ E. canis given frequent coinfection; and immune-mediated thrombocytopenia when testing is negative.